

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010315

STATE FILE NUMBER

60-
300
-57
MAR 17 1959
Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Osage</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lebanon, Mo</i>		c. CITY OR TOWN <i>Lebanon Mo</i>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <i>Manor Keith Home</i>		d. STREET ADDRESS (If outside, give location) <i>Jackson Sup</i>	
3. NAME OF DECEASED (Type or print) First <i>Thomas</i> Middle <i>H</i> Last <i>Halman</i>		4. DATE OF DEATH Month <i>March</i> Day <i>11</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 21 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James Halman</i>		13b. MOTHER'S MAIDEN NAME <i>Edeline Adkins</i>	
14. NAME OF HUSBAND OR WIFE <i>Gertrude Halman</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Harold Halman</i> Address <i>Lebanon Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis generalized</i> DUE TO (c) <i>331X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral vascular accident weeks ago; was recovering.</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>p.m.</i> Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>2-15-59</i> to <i>3-11-59</i> and last saw her alive on <i>3-11-59</i> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thomas Halman - Doctor</i> (Degree or title)		22b. ADDRESS <i>Lebanon, Mo.</i>	
22c. DATE SIGNED <i>3-12-59</i>		23. NAME OF CEMETERY OR CREMATORY <i>Lebanon Cemetery</i>	
23a. LOCATION (City, town, or county) <i>Lebanon, Mo</i>		23b. DATE <i>3/14/59</i>	
24. FUNERAL DIRECTOR <i>W.C. Birmingham</i> ADDRESS <i>Lebanon, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Mar 13-1959</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. T.A. Dubravillet</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS MAR 18 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed M. C. Birmingham.....

Licensed Embalmer No. 3664.....
P. O. Address Chenno N.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.